



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

TIME LOST REPORT FOR WORKERS' COMPENSATION INJURIES

**CENTRAL ACCIDENT REPORTING OFFICE
(CARO)**
P.O. BOX 809
JEFFERSON CITY, MO 65102
573-751-2837, FAX 573-751-5262

EMPLOYEE NAME:	CARO CASE NO.:
DATE OF INJURY:	DATE OF NEXT DOCTOR'S APPOINTMENT:

	MONTH	MONTH
For workers' compensation benefits to be considered, the following is needed:	01	01
	02	02
	03	03
1. Documentation from the physician (ie: off work slips).	04	04
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2. Completed Time Lost Report.	06	06
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PLEASE FAX ALL OF THE ABOVE TO CARO AS SOON AS POSSIBLE.	08	08
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INSTRUCTIONS:	10	10
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1. This report must be completed if the employee has lost one or more complete days of work due to the injury.	12	12
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2. Time Lost Reports should be submitted on a regular basis (every two weeks) on all injuries with time lost.	14	14
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3. Please indicate on a daily basis the number of hours the employee missed due to the injury (ie: if the employee missed 8 hours, write 8 WC). Please use the "WC" abbreviation to indicate if the time missed was due to the injury.	16	16
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4. This report should be completed by the state agency, not the injured employee.	18	18
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If you have questions concerning time lost injuries, please contact your Time Lost Caseworker at the CARO office.